Application of Lean Thinking to Radiation Therapy

To the Editor: The article on lean thinking in bone and brain metastases by Kim et al in the July 2007 issue of *JOP* provides yet another lesson to all of us on the potential advantages for patient care in applying innovative approaches based on production methods developed by the manufacturing industry.[1]

While I question the assertion that same-day irradiation in and of itself leads to rapid amelioration of symptoms in patients with bone and brain metastases, judicious pain management in the former and steroids in the latter provide the initial rapid relief, and the same-day approach has important psychological and logistical benefits to the patients and their families.

For other centers, the details may differ, as pointed out by the authors, but the broad principle of establishing a "uniform standard process" based on stepwise improvements from a detailed analysis of existing approaches will be similar.

Have the authors parlayed their system to a broader group of patients, and will this produce cost savings?

Julian Proctor, MD, PhD
University of Pennsylvania Medical Center, Jameson Cancer Center, New Castle, Pennsylvania

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Reference

1. Kim CK, Hayman JA, Billi JE, et al: The application of lean thinking to the care of patients with bone and brain metastasis with radiation therapy. J Oncol Pract 3:189-193, 2007

In Reply:

We thank Dr Proctor for his thoughtful letter. Perhaps our most successful project, which applies to all patients, involves our simulator. In the past, simulation was frequently delayed because the patient record was missing information (eg, the consent form or serum creatinine). By standardizing our simulation procedures, we eliminated the 22 hours per month of overtime that was previously required. It also seems likely that our bone and brain metastases project has decreased the overall cost of care by decreasing the administrative burden of multiple visits, as well as saving the patient's caregiver missed days of work.

Theodore S. Lawrence MD, PhD, on behalf of the authors
Department of Radiation Oncology, University of Michigan, Ann Arbor, Michigan

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Erosion of Drug Margin Will Not Slow

To the Editor: I read with some dismay the analysis of Akscin, Barr, and Towle in the July 2007 issue of *JOP*, which would indicate that community oncology practice is presently in a deepening financial crisis.[1]

While the study has the disadvantage of only a limited response rate of 13%, it is the first collection of data I have seen that reveals the change in practice economics since the average sales price drug reimbursement formula was put in place.

The information in Figure 5C shows that for 25% of practices, there is no margin in drugs, which provide 77% (Figure 4) of the practice revenue. Furthermore, as some of these practices are forced to close or curtail operations, they will drop out of the drug-purchasing pool. Their inability to purchase pharmaceuticals at an acceptable margin indicates that they are at the wrong end of the spectrum that makes up the average sales price; as they leave, the ASP will shift downward. I, therefore, disagree that "it is reasonable to expect that the erosion of drug margin will slow," but would alternatively suspect that it there will continue to be pressure on the viability of practices.